

Communication Consent Form

In order to comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, we ask that our clients review and sign this *Communication Consent Form*.

Preferred EAP will not release confidential and/or other Protected Health Information (PHI) by home mailing, home telephone, answering machine, work telephone, voice mail and/or cell phone. When we place telephone calls and an answering machine responds, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

I, (Client Name) _____ authorize Preferred EAP to contact me and/or named authorized person(s) and to convey PHI by the following methods and assume responsibility to notify Preferred EAP whenever this information changes:

Please fill in your email below – if you do not have an email address, please enter NONE and check off NO for the Survey, Newsletter and Treatment-related purposes.

Client Email (14 & older): _____ @ _____

OR

Parent Email (if client under age14): _____ @ _____

- Yes No for EAP Satisfaction Survey
- Yes No for Monthly EAP Electronic Newsletter
- Yes No for other treatment-related purposes

If you would like to receive our one-time Survey, Monthly Newsletter and agree to use your email for other Treatment-related purposes, you must check off YES in the spaces provided above. If you do not agree to use your email- please check NO.

Home Telephone No Yes/OK to Leave Message # _____

Work Telephone No Yes/OK to Leave Message # _____

Cell Phone No Yes/OK to Leave Message # _____

Please list below the names of people authorized to receive information about my care:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Who may we contact in case of an emergency?

Name: _____ Relationship: _____ Phone Number: _____

Client Signature: _____ Date: _____
(14 years and older)

Parent/Guardian Signature): _____ Date: _____
(If client is under age 14)p